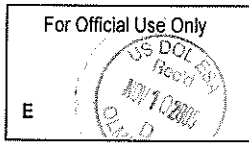


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>13556</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Benjamin N Perez</u> P.O. Box, Bldg., Room No., if any _____ Street <u>142 W Pomona ave</u> City <u>Monrovia</u> State <u>Cal.</u> ZIP Code + 4 <u>91016</u>	4. Name, file number, and address of labor organization. Name <u>Landscape Irrigation, Local 345</u> Labor Organization File Number <u>063064</u> P.O. Box, Building and Room Number, if any _____ Street <u>142 W. Pomona ave</u> City <u>Monrovia</u> State <u>Cal.</u> ZIP Code + 4 <u>91016</u>
5. Position in labor organization. <u>agent / organizer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Benjamin Perez</u>	On <u>8-11-05</u> Date	<u>626 357 9345</u> Telephone Number

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

E

1. File Number U - <input type="text"/>	2. Fiscal Year Covered From: <input type="text"/> / <input type="text"/> / 2004 Through: <input type="text"/> / <input type="text"/> / 2004
3. Name and address of person filing. Name <input type="text"/> Benjamin N Perez P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 142 W. Pomona ave City <input type="text"/> Monrovia State <input type="text"/> Cal. ZIP Code + 4 <input type="text"/> 91016	4. Name, file number, and address of labor organization. Name <input type="text"/> Landscape & Irrigation Local 345 Labor Organization File Number <input type="text"/> P.O. Box, Building and Room Number, if any <input type="text"/> Street <input type="text"/> 142 W Pomona ave City <input type="text"/> Monrovia State <input type="text"/> Cal. ZIP Code + 4 <input type="text"/> 91016
5. Position in labor organization. <input type="text"/> agent / organizer	

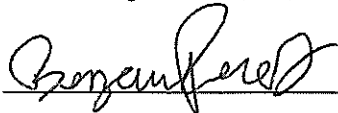
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/>	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/>

Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8-10-05

Date

626 357 9349

Telephone Number

Name of Person Filing <u>Benjamin Perez</u>	File Number <u>U-</u>
---	-----------------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Jerry, Neil, Paul, Attorney at Law</u> Trade Name, if any: <u>Paul, Hanley &amp; Harley LLP</u> P.O. Box, Bldg., Room No., if any: Street <u>5716 Corsa ave</u> City <u>Westlake Village</u> State <u>Ca</u> ZIP Code + 4 <u>91362</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <u>Legal Services</u> </div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 10px; min-height: 80px;"> <u>Honey Baked Ham Gift Certificate</u> </div>
12.b. Amount. <span style="float: right;"><u>\$5000</u></span>	

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.